Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

DEQ-WCRO
OCT 3 2007
RECEIVED

I. EPA I.D. NUMBER: S 4952 | T/A | C: D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS
I. EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

VA 0025992

PLEASE PLACE LABEL IN THIS SPACE

Floyd-Flotd County Public Service Authority
P.O. BOx 407, Floyd, VA 24091
169 PSA RD

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X		2A
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: Floyd- FloydCounty Public Service Authority

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 N Elwood Holden Superintendent	5407452169

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 PO Box 407

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Floyd	VA	24091

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 169 PSA Rd Rt 221 westofttown of Floyd

B. COUNTY NAME: Floyd

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6	VA	24091	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
(specify) N/A	(specify) N/A

C. THIRD	D. FOURTH
(specify) N/A	(specify) N/A

VIII. OPERATOR INFORMATION

A. NAME: Floyd- FloydCountyPublicServiceAuthority

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M (specify) County & town of Floyd

D. PHONE *(area code & no.)*: A 5407452169

E. STREET OR P.O. BOX: PO Box 407

F. CITY OR TOWN: Floyd

G. STATE: VA

H. ZIP CODE: 24091

IX. INDIAN LAND — Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
VA 0025992	N/A

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
N/A	N/A (specify)

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
N/A	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Wastewater Treatment - Domestic sewage & Industrial Contributor (Hollingsworth & Vose)

Treatment - Rotating Biological Contactors; Screening, equalization, primary clarification, chlorination and dechlorination also included.

Flow: 0.25 MGD

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
N. Elwood Holden, Superintendent	N. Elwood Holden	9-28-07

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)

FACILITY NAME AND PERMIT NUMBER:
Floyd-Floyd County Public Service Authority VA 0025992

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name: Floyd-Floyd County Public Serivce Authority
Mailing Address: P.O. Box 407
Floyd, VA 24091
Contact Person: N. Elwood Holden
Title: Superintendent
Telephone Number: (540) 745-2169
Facility Address (not P.O. Box): 169 PSA Road

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name: N/A
Mailing Address:
Contact Person:
Title:
Telephone Number: ( )

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0025992	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of Floyd	± 1500	Separate	Municipal
Surrounding area of Town of Floyd	± 300	Separate	Municipal
Total population served	1550		

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VA0025992

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .250 mgd

		Two Years Ago	Last Year	This Year
b.	Annual average daily flow rate	.142	.096	.120
c.	Maximum daily flow rate	.837	.773	.563

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer ____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent ____

iii. Combined sewer overflow points ____

iv. Constructed emergency overflows (prior to the headworks) ____

v. Other ____ ____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: N/A

Annual average daily volume discharge to surface impoundment(s) N/A mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: N/A

Number of acres: ____

Annual average daily volume applied to site: ____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number ( ) _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number ( ) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed by this method: N/A

Is disposal through this method ☐ continuous or ☐ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

(City or town, if applicable)	(Zip Code) 24091
Floyd (County)	VA (State)
N 36° 54' 37" (Lattitutde)	W80° 20' 17" (Longitude)

c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate .109 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☐ No

A.10. Description of Receiving Waters.

a. Name of receiving water Dodd Creek

b. Name of watershed (if known) New River

United States Soil Conservation Service 14-digit watershed code (if known): N/A

c. Name of State Management/River Basin (if known): N/A

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A

*d. Critical low flow of receiving stream (if applicable)
acute 1Q10=4.1 cfs chronid 0Q10=4.6 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of $CaCO_3$

*per DEQ memo - Sept. 19, 1995

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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	90	%
Design SS removal	90	%
Design P removal	N/A	%
Design N removal	N/A	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

chlorine-gas-dechlorinates SO2

If disinfection is by chlorination is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☒ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	.773	MGD	.251	MGD	1613
Temperature (Winter)	24	c	14.6	c	571
Temperature (Summer)	32	c	22.2	c	1042

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	56	mg/l	13.8	mg/l	636	8SM 18TH ED 53210B	5mg/l
	CBOD5	N/A						
FECAL COLIFORM E. coli		76.9	ml	14	ml	28	SM 9223B	2md/l
TOTAL SUSPENDED SOLIDS (TSS)		64	mg/l	14.4	mg/l	636	EPA #160.2	1mg/l

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. **Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.**

1500 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.
smoke test

B.2. **Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. **Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name:

Mailing Address:

Telephone Number: ( )

Responsibilities of Contractor:

B.5. **Scheduled improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	2.57	mg/l	.85	mg/l	54	Sm 4500	0.10 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	< QL	mg/l	< QL	mg/l	1613	C1-G 4500	.046mg/l
DISSOLVED OXYGEN	9.80	mg/l	5.19	mg/l	1613	0 4500	3.0 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	3.97	mg/l	3.97	mg/l	1 Grab	sm 4500n.c	.50 mg/l
NITRATE PLUS NITRITE NITROGEN	15.6	mg/l	15.6	mg/l	1 Grab	EPA 300.0	.100mg/l .010 mg/l
OIL and GREASE	< 5	mg/l	< 5	mg/l	1 8/H comp	EPA 1664A	5mg/l
PHOSPHORUS (Total)	1.84	mg/l	1.84	mg/l	1 8/H comp	EPA365.3	.250 mg/l
TOTAL DISSOLVED SOLIDS (TDS)	417	mg/l	417	mg/l	1 8/H comp	EPA 160.1	4 mg/l
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: **N. Elwood Holden, Superintendent**

Signature: N. Elwood Holden

Telephone number: **(540) 745-2169**

Date signed: **March 18, 2008**

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

RECEIVED
MAR 19 2008
DEQ-WCRO

Va 0025992

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Floyd-Floyd County Public Service Authority
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Y (N)
   Provide the tax map parcel number for the land where the discharge is located.

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

4. What is the design average effluent flow of this facility? .250 MGD
   For industrial facilities, provide the maximum 30-day average production level.

5. In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y (N)
   If "Yes", please identify the other flow tiers (in MGD) or production levels:

   _____

Please consider the following questions for both the flow tiers and the production levels (if applicable):

6. Do you plan to expand operations during the next five years? No

7. Is your facility's design flow considerably greater than your current flow? yes

8. Nature of operations generating wastewater:
   domestic, one small industry (Hollingsworth and Vose). An average flow discharged to The Floyd PSA for the past seven months was 16,220 gpd from their pretreatment facility. Attachment enclosed

9. 96 % of flow from domestic connections/sources.

10. Number of private residences to be served by the treatment works: 440

11. 4 % of flow from non-domestic connections/sources.

12. Mode of discharge: X Continuous ____ Intermittent ____ Seasonal

13. Describe frequency and duration of intermittent or seasonal discharges.

_____

_____

_____

14. Identify the characteristics of the receiving stream at the point just above the facility's discharge point: attachment - evaluations performed in 2000 of upstream

15. Select receiving stream character:
X Permanent stream, never dry
__ Intermittent stream, usually flowing, sometimes dry
__ Ephemeral stream, wet-weather flow, often dry
__ Effluent-dependent stream, usually or always dry without effluent flow
__ Lake or pond at or below the discharge point
__ Other:

16. Approval Date(s):
O & M Manual January 9, 2005
Sludge/Solids Management Plan August 2000

17. Have there been any changes in your operation or procedures since the above approval? Y/N

Treatment System

a. Pretreatment/Headworks and Surge Tank

Sewage is received into the headworks via an 8" sanitary sewer line. The headworks of the plant is designed for pretreatment of the raw wastewater. During pretreatment, larger objects are removed or processed so as not to damage or interfere with the equipment operation downstream. There is a surge tank between the headworks and primary clarifiers, to dampen the flow if system pump stations discharge simultaneously.

b. Clarification

Sewage is received from pretreatment into one or both of two circular settling tanks called the primary clarifiers. Scrapers remove the sludge at the bottom and skim the surface after settling. After flowing over a weir it goes to the Rotating Biological Contactors (RBC) via an 8" pipe.

c. Biofiltration/Rotating Biological Contactors

From the primary clarifiers the wastewater flow is split between the 2 primary rotating biological contactors (RBC). The primary RBC's are separated by a baffle wall into 2 stages with a standard density media and a high density media stage. The discharge from the second stage of both primary RBCs is combined and flows to RBC #3. RBC #3 is separated into two chambers by a baffle wall. Both areas are loaded with high density media. The standard density media has approximately 100,000 sq. ft surface area on a 27 ft shaft, and the high density has approximately 150,000 sq. ft on a similar length shaft. These large surface areas provide for a fixed film growth, with later stages using high density media where thinner biological growths occur.

d. Secondary Clarification

Sewage is received from the RBCs into one or both of two circular settling tanks called the secondary clarifiers. Scrapers remove the sludge at the bottom and skim the surface after settling. After flowing over a weir it goes to the Chlorine Contact Tank via a 10" pipe.

e. Disinfection

The effluent from the final clarifiers flows through an 8" pipe to the baffled chlorine contact tank. Chlorine is added in the effluent line from the secondary clarifiers. Sulfur dioxide is added as the water leaves the CCT to the metering chamber.

f. Sludge Pumps

All the sludge collected at the plant feeds by gravity to the sludge well. The sludge is then pumped to the aerobic digesters via a 4" pipe.

g. Aerobic Digester

The aerobic digester serves to stabilize and concentrate the sludge prior to going to the sludge press in the mechanical building.

h. Sludge Handling and Disposal

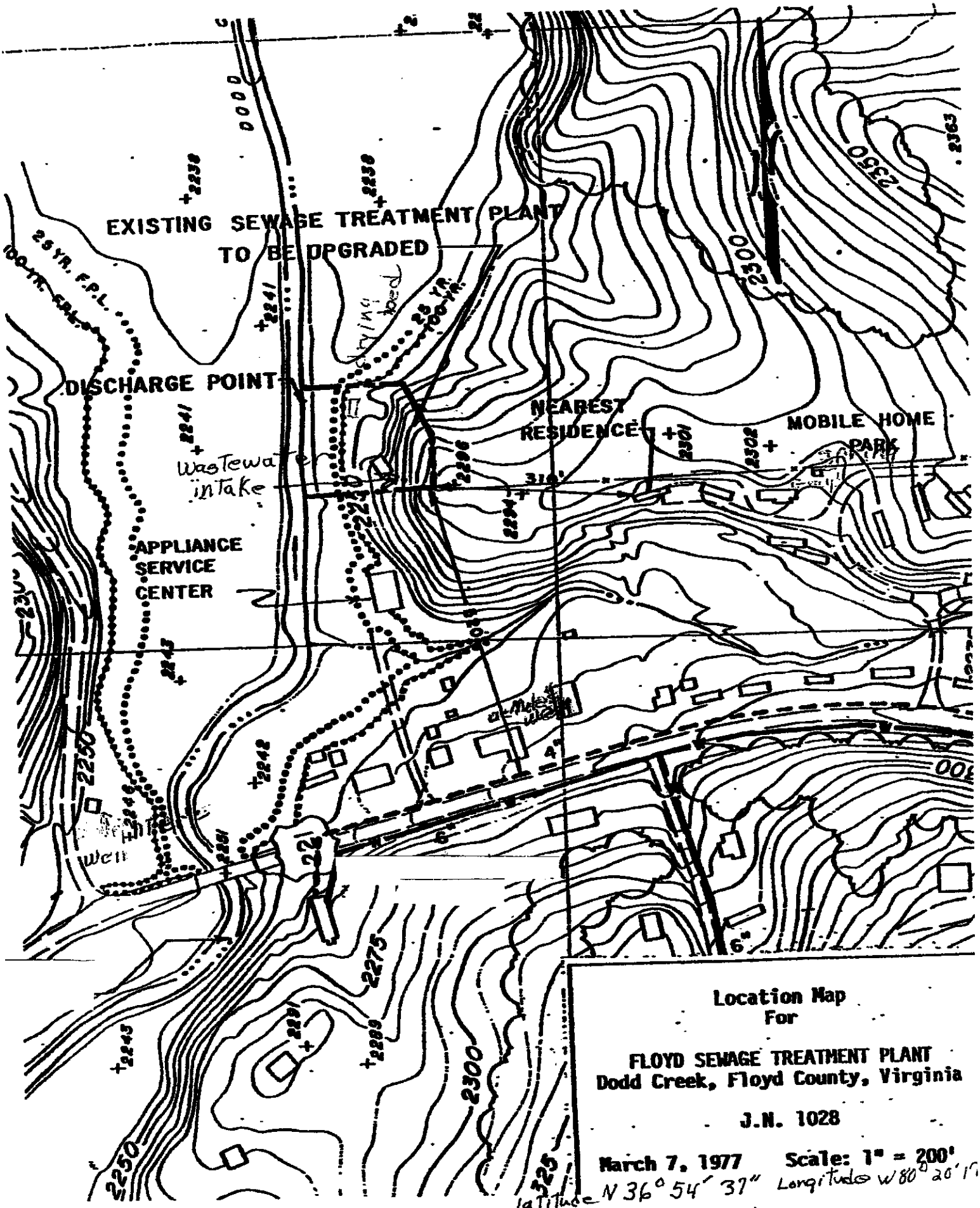
Stabilized and thickened sludge is pumped to the belt press system, (or in emergencies, the backup sludge drying beds) where it is pressed dry and stored in the mechanical building until hauled to the Maplewood Recycling and Waste Disposal facility in Amelia County.

i. Decant Pumps

The decant pumps are used to pump the wastewater back to the primary clarifiers for recirculation through the plant. The wastewater coming into the decant well includes drainage from sludge drying beds, decant from the aerobic digester, drainage from the operations and mechanical buildings and drainage from the grit filter.

j. Effluent Metering & Sampling

The metering and post aeration chamber is the last step of the plant. An ultrasonic flow meter measures the discharge rate, through a V-Notch Weir and records and totalizes the flow. An ultrasonic, flow transducer megaphone sends an electrical signal back to the operations building to record the flow on a strip chart recorder. The wastewater effluent from the metering chamber flows through a cascade aeration channel before its release to Dodd Creek.



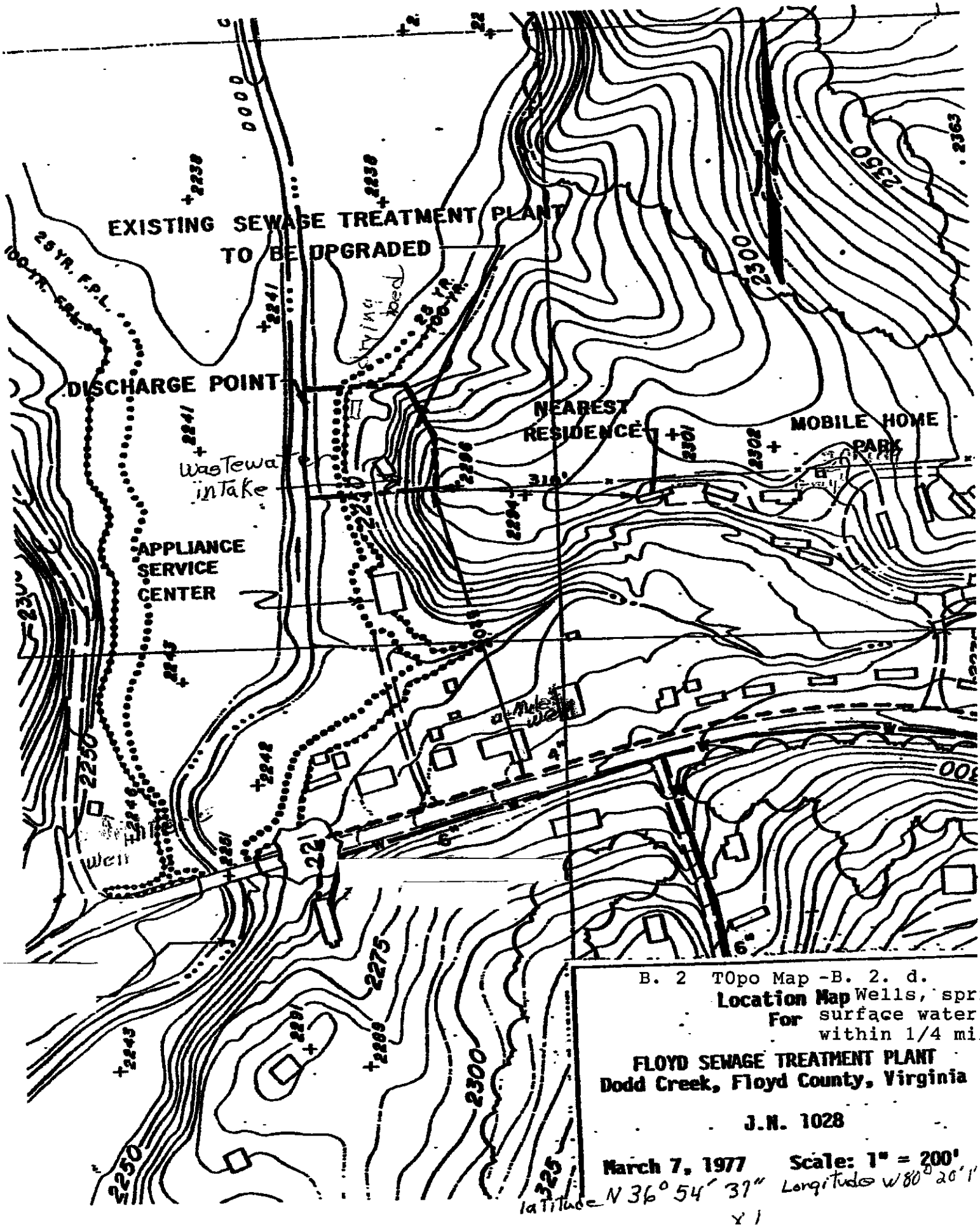
Location Map
For

FLOYD SEWAGE TREATMENT PLANT
Dodd Creek, Floyd County, Virginia

J.N. 1028

March 7, 1977 **Scale: 1" = 200'**

X 1



B. 2 TOpo Map -B. 2. d.

Location Map Wells, spri
For surface water
within 1/4 mil

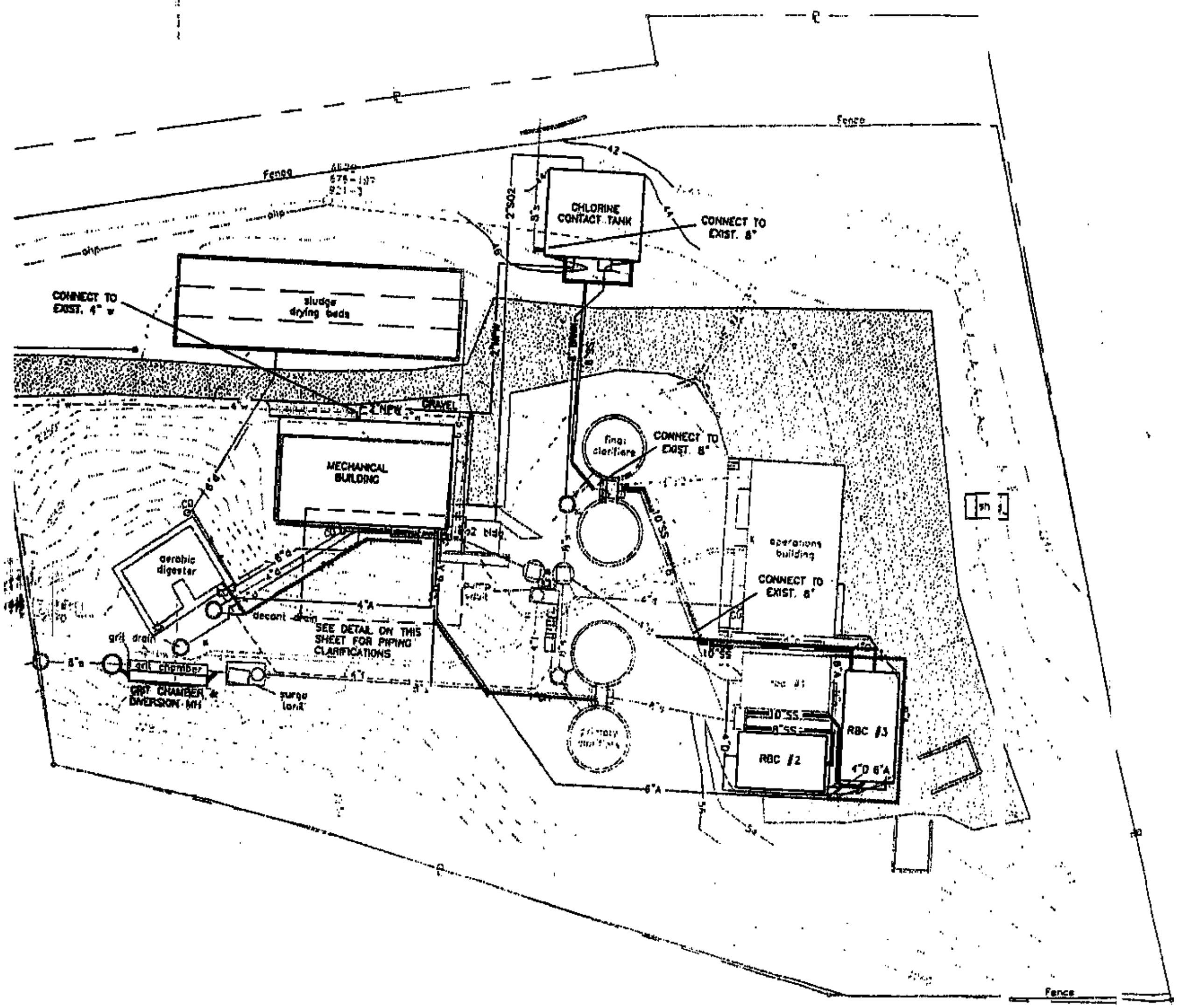
FLOYD SEWAGE TREATMENT PLANT
Dodd Creek, Floyd County, Virginia

J.N. 1028

March 7, 1977 **Scale: 1" = 200'**

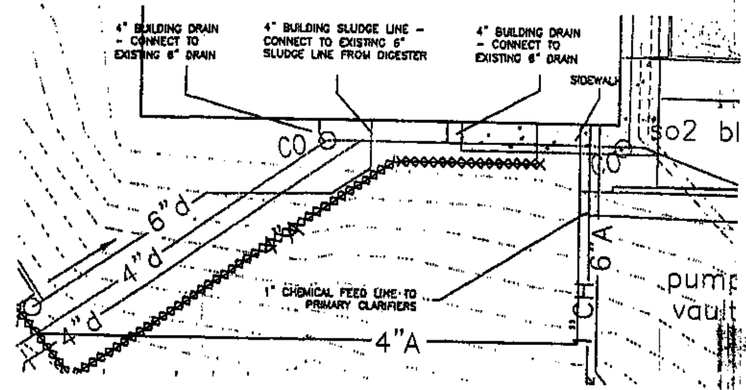
latitude N 36° 54' 37" Longitude W 80° 20' 1"

Y 1



5-YEAR FLOOD ELEVATION = 2245.0'
00-YEAR FLOOD ELEVATION = ...

20 10 0



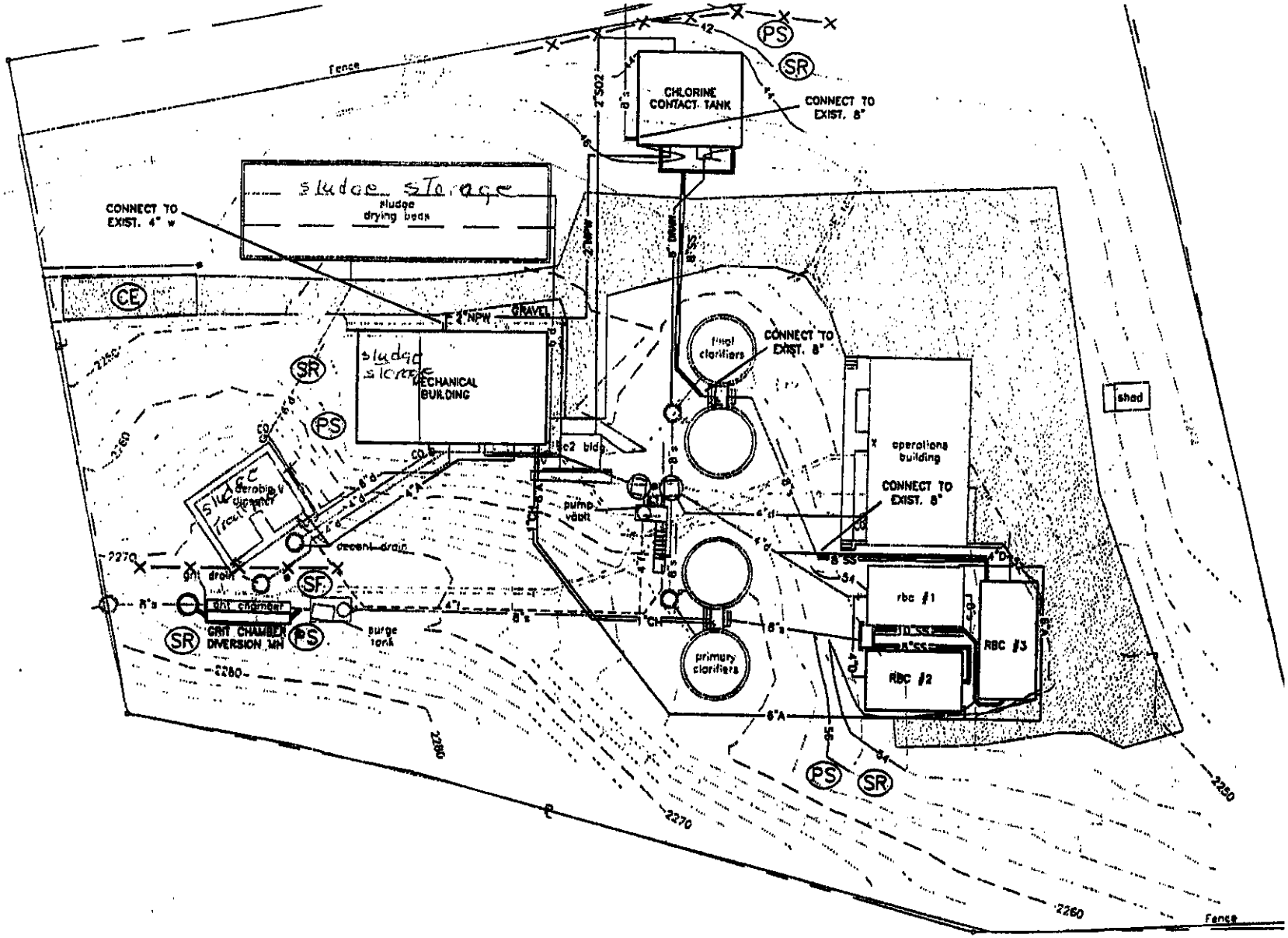
MECHANICAL BUILDING PIPE CONNECTION DETAIL

NOTES:

1. RESTORE EXISTING GRAVEL DRIVE IMMEDIATELY UPON COMPLETION OF PIPE INSTALLATION. MAINTAIN ACCESS THROUGHOUT CONSTRUCTION.
2. GRADE SMOOTH AND TOP EXISTING GRAVEL DRIVE AT COMPLETION OF CONSTRUCTION WITH 2 INCHES OF VDOT NO.21A STONE.
3. MAINTAIN EXISTING OUTFALL PIPE DURING CONSTRUCTION OF NEW CHLORINE CONTACT TANK.
4. CONTRACTOR SHALL PROVIDE POSITIVE DRAINAGE AROUND ALL NEW STRUCTURES

R 3. b

Mason P.P. Units



sludge Treatment + storage

NOTE: 25-YEAR FLOOD ELEVATION = 2245.0'
100-YEAR FLOOD ELEVATION = 2246.0'

20 10 0 20 40 60
SCALE IN FEET

B.2.e

No. 14 Characterics of the receiving stream at point above facility's discharge point

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Water Quality Assessments
629 East Main Street P.O. Box 10009 Richmond, Virginia 23219

SUBJECT: Flow Frequency Determination
Floyd STP – #VA0025992

TO: Lewis Pillis, WCRO

FROM: Paul E. Herman, P.E., WQAP

DATE: March 3, 2000

COPIES: Ron Gregory, Charles Martin, Eugene Powell, File

This memo supersedes my December 12, 1997, memo to you concerning the subject VPDES permit.

The Town of Floyd STP discharges to the Dodd Creek near Floyd, VA. Stream flow frequencies are required at this site for use by the permit writer in developing effluent limitations for the VPDES permit.

The VDEQ conducted several flow measurements on the Dodd Creek from 1996 to 1999. The measurements were made above the Floyd STP outfall. The measurements correlated very well with the same day daily mean values from the continuous record gage on the Little River at Graysontown, VA (#03170000). The measurements and daily mean values were plotted on a logarithmic graph and a best fit line was drawn through the data points. The required flow frequencies from the reference gage were plugged into the equation for the regression line and the associated flow frequencies at the measurement site/discharge point were calculated. The data for the reference gage and the measurement site/discharge point are presented below:

Little River near Graysontown, VA (#03170000):

Drainage Area = 300 mi^2

1Q10 = 63.4 cfs	High Flow 1Q10 = 91.8 cfs
7Q10 = 70.9 cfs 45.852	High Flow 7Q10 = 114 cfs
30Q5 = 104 cfs	HM = 233 cfs

Dodd Creek at Floyd STP, at Floyd, VA (#03169220):

Drainage Area = 19.25 mi^2

1Q10 = 7.55 cfs 4.879	High Flow 1Q10 = 10.01 cfs
7Q10 = 8.22 cfs 5.316	High Flow 7Q10 = 11.81 cfs
30Q5 = 11.01 cfs	HM = 20.35 cfs

The high flow months are January through May. This facility will be removed from the site specific measurement list and placed on the maintenance list. If you have any questions concerning this analysis, please let me know.

Receiving Waters Information

The PReP complaint logs from the past five years were reviewed. None were received which may be attributed to the operation of the Floyd-Floyd County PSA STP.

The nearest upstream monitoring station is 9-DDD004.64, which is one mile above the discharge. The closest downstream monitoring station is 9-DDD002.62, about one mile below the discharge. The 2002 303(d) report lists 15.41 miles of Dodd Creek as impaired for not supporting the swimmable goal of the Clean Water Act. The segment extends from the mouth of Dodd Creek (River Mile 0.00) to RM 15.41 and includes the West Fork of Dodd Creek and an unnamed tributary to the West Fork of Dodd Creek. The impairment is caused by exceedances of the fecal coliform criteria for the stream. The impairment source is listed as Nonpoint Source – Agriculture/Wildlife/Domestic Septage. A 1.8-mile section of the West Fork of Dodd Creek (upstream of the discharge) is also listed for exceedances of the temperature criterion due to natural causes.

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE

AUG 6 2007

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once in the:

The Roanoke Times

Agent/Department to be billed: Floyd-Floyd County PSA

P.O. Box 407

Applicant's Address: Floyd VA 24091

Agent's Telephone No: (540)745-2169

Authorizing Agent: N. Elwood Holla Superintendent
Signature

Facility Name: Floyd County STP
Permit No.: 0025992
Attn: Holly Williams

ATTENTION PERMITTEE: PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 14 DAYS TO

Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Rd.
Roanoke, VA 24019

BF

Floyd-Floyd County
Public Service Authority
P. O. Box 407, Floyd, VA 24091

March 7, 2008

Department of Environmental Quality
Attn: Becky L. France
3019 Peters Creek Road
Roanoke, VA 24019

Dear Ms. France:

We request a waiver so that the 8 hour composite sample data collected during the permit term can be used for our BOD's and Total Suspended Solids. The application requires 24 hour composite data, but our permit required 8 hour composites.

We request a waiver so we can use the data from one grab sample for our Ammonia, Total Kheldahl Nitrogen, Nitrate plus Nitrite, Phosphorus, and Total Dissolved Solids. The application requires data from three 24 hour composite samples.

We request a waiver to allow our grab sample data be used for Oil and Grease.

Thank you for your consideration.

Sincerely,

Elwood Holden

Elwood Holden
Superintendent
Floyd-Floyd County PSA

HW

Floyd-Floyd County
Public Service Authority
P. O. Box 407, Floyd, VA 24091

February 20, 2008

Holly Williams
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019

Dear Mrs. Williams:

Enclosed are the results of the metal analysis. If you need any more information or if you have any questions please call.

Sincerely,

Elwood Holden

Elwood Holden
Superintendent
Floyd-Floyd County PSA

Certificate of Analysis

PCA Order No. 417534

Final Report

Prepared for:

Mr. Elwood Holden
Floyd County Public Service Authority
169 PSA Road
Floyd, VA 24091

Report Date: February 18, 2008

Date Received: January 29, 2008

Project:

Comments:

Analytical data are presented on the following pages of this report. If you have any questions or need further assistance, please feel free to contact your project manager at (540) 268-9884.

Respectfully Submitted by:

Reviewed and Approved by:

Cheryl M. Daniel
QA/QC Manager

Unless otherwise indicated, all analyses were conducted according to Standard Methods for the Examination of Water and Wastewater, 18th Edition, Test Methods for Evaluation Solid Waste (Physical/Chemical), 3rd Edition, and Methods for the Chemical Analysis of Water and Wastes, EPA.

This report sets forth the results of our analysis of samples delivered to our laboratory and shall not be construed to be a representation by ProChem Analytical Incorporated as to the source or method of procuring such samples. All reports are submitted as the confidential property of clients and authorization for publication of any statements contained in our reports is reserved pending our written consent.

PROCHEM Analytical Incorporated

Final Report

PCA Order No.: 417534
Report Date: 2/18/2008
Client: Floyd County Public Service Authority
Project:

Sample Number: 417534-01
Description: 001 Effluent
Date Collected: 1/29/2008
Matrix: Wastewater
Time Collected: 10:32
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
Mercury, Dissolved	< 0.0002	0.0002	mg/L	2/15/2008	11:18	KNB	EPA 245.2
Chemical Oxygen Demand	129	20	mg/L	2/6/2008	08:00	ASB	EPA 410.4
Hexavalent Chromium	< 0.002	0.002	mg/L	1/30/2008	07:00	ASB	ASTM D1687
Antimony, Dissolved	< 0.005	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Arsenic, Dissolved	< 0.005	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Cadmium, Dissolved	< 0.001	0.001	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Chromium	< 0.005	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Copper, Dissolved	0.012	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Lead, Dissolved	< 0.005	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Nickel, Dissolved	< 0.005	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Selenium, Dissolved	< 0.005	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Silver, Dissolved	< 0.002	0.002	mg/L	2/1/2008	12:30	CDM	EPA 200.7
Zinc, Dissolved	0.060	0.005	mg/L	2/1/2008	12:30	CDM	EPA 200.7

HW

PROCHEM Analytical Incorporated

Final Report

PCA Order No.: 416911
Report Date: 12/18/2007
Client: Floyd County Public Service Authority
Project:

Sample Number: 416911-01
Date Collected: 12/11/2007
Time Collected: 08:00
Description: Upstream of Dodd Creek
Matrix: Surface Water
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
Hardness as CaCO3	34	5	mg/L	12/13/2007	13:00	KNB	SM 2340C

Sample Number: 416911-02
Date Collected: 12/11/2007
Time Collected: 08:00
Description: Outfall
Matrix: Surface Water
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
Hardness as CaCO3	109	5	mg/L	12/13/2007	13:00	KNB	SM 2340C

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(32)

ProChem Analytical Incorporated
6040 North Fork Road
Elliston, VA 24087
Phone (540) 268-9884
FAX (540) 268-2755

Analytical Request and Chain of Custody Form

PCA Order ID # 416911

Page 1 of 1
Is Order Complete? ☐ Yes ☐ No

Please Print. See Chain of Custody Instructions for additional help with corresponding numbers.

1. Mail Report to:	
Company Name:	
Attention:	Mr. / Ms. Floyd-Floyd Co. P.S.A.
Address:	P.O. Box 407
City, State, Zip:	Floyd, VA 24091-0407
Telephone:	745-4444 FAX:
Email:	

2. Bill to:	
Company Name:	
Attention:	Mr. / Ms. Floyd-Floyd Co. P.S.A.
Address:	P.O. Box 407
City, State, Zip:	Floyd, VA 24091-0407
Telephone:	
Purchase Order No.:	Quotation No.:

3. Turn Around Time Request
☐ Standard Business Day
☐ 3-4 Business Day Rush
☐ 2 Business Day Rush

Note: All rush turn around times are subject to ProChem Analytical approval and additional fees.

LAB USE ONLY: PCA Sample ID Number	pH at Receipt in Lab (S.U.)	4. Project Name / 5. Sample Location or ID	6. Composite	6. Composite of Grabs	6. Grab	7. Composite Begin Date / Time	7. Composite End Date / Time	7. Grab Date(s) / Time(s)	8. Matrix (See Key Below)	9. Container Type (Plastic/Glass/Other)	10. # of Containers	11. Preservative (See Key Below)	12. Requested Analyses
416911-01 HD	<2	Upstream of Dodd Creek			X		12-11-07	0806	SU ?	PE-250	1	HNO_3	HARDNESS (as per T. Linkenhoker T/O 12-12-07)
↓	↓	outfall			X		12-11-07	0800	WW?	PE-250	1	HNO_3	↓

as per bottle.

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13. QA/QC Package Request (please circle one): I II III IV V (Custom)

Matrix Key:
DW = Drinking Water, GW = Groundwater, LE = Leachate, LI = Liquid, OI = Oil, OT = Other, SL = Sludge, SO = Soil, ST = Storm Water, SU = Surface Water, SD = Solid, WW = Wastewater

Preservative Key:
None = No Preservative, H_2SO_4 = Sulfuric Acid, HNO_3 = Nitric Acid, HCl = Hydrochloric Acid, NaOH = Sodium Hydroxide, $(CH_3CO_2)_2ZN$ = Zinc Acetate, $C_{10}H_{14}O_8N_2Na_2$ = EDTA, $Na_2S_2O_3$ = Sodium Thiosulfate

14. Request for Additional Reporting (please check all that apply):
☐ via Fax (extra fee after 1st fax) ☐ via Email (no extra fee) ☐ via CD-ROM (extra fee)

15. Comments: * 2 HD BOTTLES RECEIVED. CALLED C̄ AS TO WHICH TESTS THEY WANTED RUN, MATRIX, etc.

16. Sampler(s) (Printed Name and Signature): Jim Linkenhoker 12-11-07 8:40 AM

17. Relinquished by (Signature):	Date/Time	18. Received by (Signature):	Date/Time
[signature]	12/11/07 10:59	[signature]	12-11-07 10:59
[signature]	12-11 [illegible]	[signature]	12-11-07 1450

Lab Use Only:
Temperature upon receipt in lab = NA °C
Samples Transported on ice? ☐ Yes ☐ No ☑ N/A
PCA Project Manager:
Method of Shipment: ☑ PCA Personnel ☐ Client Personnel ☐ UPS ☐ FedEx ☐ Airborne ☐ USPS Other

Certificate of Analysis

PCA Order No. 416911

Final Report

Prepared for:

Mr. Jim Linkenhoker
Floyd County Public Service Authority
169 PSA Road
Floyd, VA 24091

Report Date: December 18, 2007

Date Received: December 11, 2007

Project:

Comments:

Analytical data are presented on the following pages of this report. If you have any questions or need further assistance, please feel free to contact your project manager at (540) 268-9884.

Respectfully Submitted by:

Reviewed and Approved by:

Cheryl M. Daniel
QA/QC Manager

Unless otherwise indicated, all analyses were conducted according to Standard Methods for the Examination of Water and Wastewater, 18th Edition, Test Methods for Evaluation Solid Waste (Physical/Chemical), 3rd Edition, and Methods for the Chemical Analysis of Water and Wastes, EPA.

FACILITY NAME: Floyd-Floyd County Public Service Authority VPDES PERMIT NUMBER: 0025992

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? X Yes __No

   Will this facility derive a material from sewage sludge? __Yes X No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes X No

   Will sewage sludge from this facility be applied to the land? __Yes X No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes X No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes X No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Floyd-Floyd County Public Service Authority VPDES PERMIT NUMBER: VA 0025992

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Floyd-Floyd County Public Service Authority
   b. Contact person: N. Elwood Holden
      Title: Superintendent
      Phone: (540-745-2169
   c. Mailing address:
      Street or P.O. Box: P.O. Box 407
      City or Town: Floyd State: VA Zip: 24091
   d. Facility location:
      Street or Route #: 169 PSA Road
      County: Floyd
      City or Town: _____ State: VA Zip: 24091
   e. Is this facility a Class I sludge management facility? __Yes X No
   f. Facility design flow rate: .250 mgd
   g. Total population served: 1550
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: N/A
   b. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   c. Contact person: _____
      Title: _____
      Phone: ( ) _____
   d. Is the applicant the owner or operator (or both) of this facility?
      _____ owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA 0025992
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
N/A	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes X No If yes, describe:

_____

FACILITY NAME: Floyd-Floyd County Public Service Authority VPDES PERMIT NUMBER: VA 0025992

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

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6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? X Yes ___No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: S. R. Goff Hauling, Inc.
Mailing address:
Street or P.O. Box: P.O. Box 30
City or Town: Shawsville State: VA Zip: 24162
Phone: (540 268-5939
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
MC 203859
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	(see attachment)			
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

X Section A (General Information)
X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
___Section C (Land Application of Bulk Sewage Sludge)
___Section D (Surface Disposal)

FACILITY NAME: Floyd-Floyd County Public Service Authority VPDES PERMIT NUMBER: VA 0025992

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title N. Elwood Holden, Superintendent

Signature N. Elwood Holden Date Signed 3-07-08

Telephone number (540) 745-4444

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Floyd-Floyd County Public Service Authority VPDES PERMIT NUMBER: VA 0025992

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title N. Elwood Holden, Superintendent

Signature N. Elwood Holden Date Signed 12-5-07

Telephone number (540) 745-4444

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Floyd-Floyd County Public Service Authority VPDES PERMIT NUMBER: VA 0025992

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 64.12 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name: N/A
   b. Contact Person: _____
      Title: _____
      Phone ( ) _____
   c. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   d. Facility Address: _____
      (not P.O. Box) _____
   e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
      N/A

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      A Class A ___Class B ___Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: _____
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      X None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: sludge press & sludge drying bed as backup description attached
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

11. Sludge Belt Press

a. Process Description

Sludge from the aerobic digester flows by gravity to the sludge press located in the mechanical building. The sludge press also includes a positive displacement pump to control the rate of flow into the press.

Sludge is pumped to a stainless steel flocculation tank. Prepared polymer is simultaneously injected to the inlet of the flocculation tank by a variable speed chemical dosing pump. Here a thorough mixing occurs that is aided by a variable speed flocculator fitted in the tank. Polymer addition encourages sludge dewatering by coagulating and flocculating the sludge particles. The polymer coagulates the sludge particles by neutralizing its ionic charge. As it neutralizes the charge, small tight particles are formed. Flocculation causes these tight particles to bond to each other, thereby creating larger flocs that facilitate the dewatering process.

Flocculated sludge flows down a sludge feed chute. This chute provides a gentle and even distribution of sludge over the gravity drainage section and a uniform thickness on the dewatering belt. The drainage area allows for the separation of the free water contained within the sludge and its consequent discharge into the drainage tray. Capillary action takes place as the dewatering belt moves across tracking and pressure rollers. Further liquid removal is achieved as the belt and sludge are pressed between a series of rubber covered rollers. Gradually the sludge is squeezed by adjustable rollers. Dewatered sludge is continuously removed by a fixed scraper blade acting against the final roller and allowed to fall into a horizontal conveyor. The conveyor transports the dewatered sludge into a container. Once the container fills, it is stored in the mechanical building. The dried sludge is then hauled to the Maplewood Recycling and Waste Disposal facility in Amelia County.

13. Backup Sludge Drying Beds

a. Description

The sludge drying bed dewaters digested sludge through evaporation and percolation. The bed consists of an underdrain system, a layer of open graded crushed rock and a cover of 12" of special filter sand. Under optimum conditions, an 8" blanket of sludge will dry in 30 days while about 45 days will normally be required. Drying time will vary depending on the weather. The sludge is dry when cracks appear at the surface and extend to the sand bed. The dried sludge may be removed by hand with a tine fork, shovel or mechanically with the use of a small front-end loader. Dried sludge will normally be disposed of at the Maplewood Recycling and Waste Disposal facility in accordance with the approved Sludge Disposal Plan.

__Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: N/A dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: N/A

b. Facility contact: _____

Title: _____

Phone: ( ) _____

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	_____
_____	_____

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? __Yes __No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

__Class A __Class B __Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? __Yes __No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

__ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
__ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
__ Option 5 (Aerobic processes plus raised temperature)
__ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above? __Yes __No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: _____

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ___Yes X No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

_____

_____

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites N/A dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

_____

_____

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: N/A dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____
Title: _____
Phone: ( ) _____
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	_____
_____	_____

9. Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____
Title: _____
Phone: ( ) _____
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	_____
_____	_____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Maplewood Recycling & Waste Disposal Facility

b. Contact person: Angela Bond
Title: Technical Service Rep.
Phone: (804 561-5787
Contact is: ___Landfill Owner X Landfill Operator

c. Mailing address.
Street or P.O. Box: 20221 Maplewood Road
City or Town: Jetersville State: VA Zip: 23083

d. Landfill location.
Street or Route #: Route 597 in Amelia County, VA approximately 37 miles
County: Amelia southwest of Richmond
City or Town: _____ State: VA Zip: 23083

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
64.12 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
540	Permit
_____	_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
X Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? X Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? X Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Rt. 8 to Interstate 81N., to 581 S., to 46 E., into Jettersville; Monday thru Friday, 9:00 a.m. until 2:00 p.m.

PROCHEM Analytical Incorporated

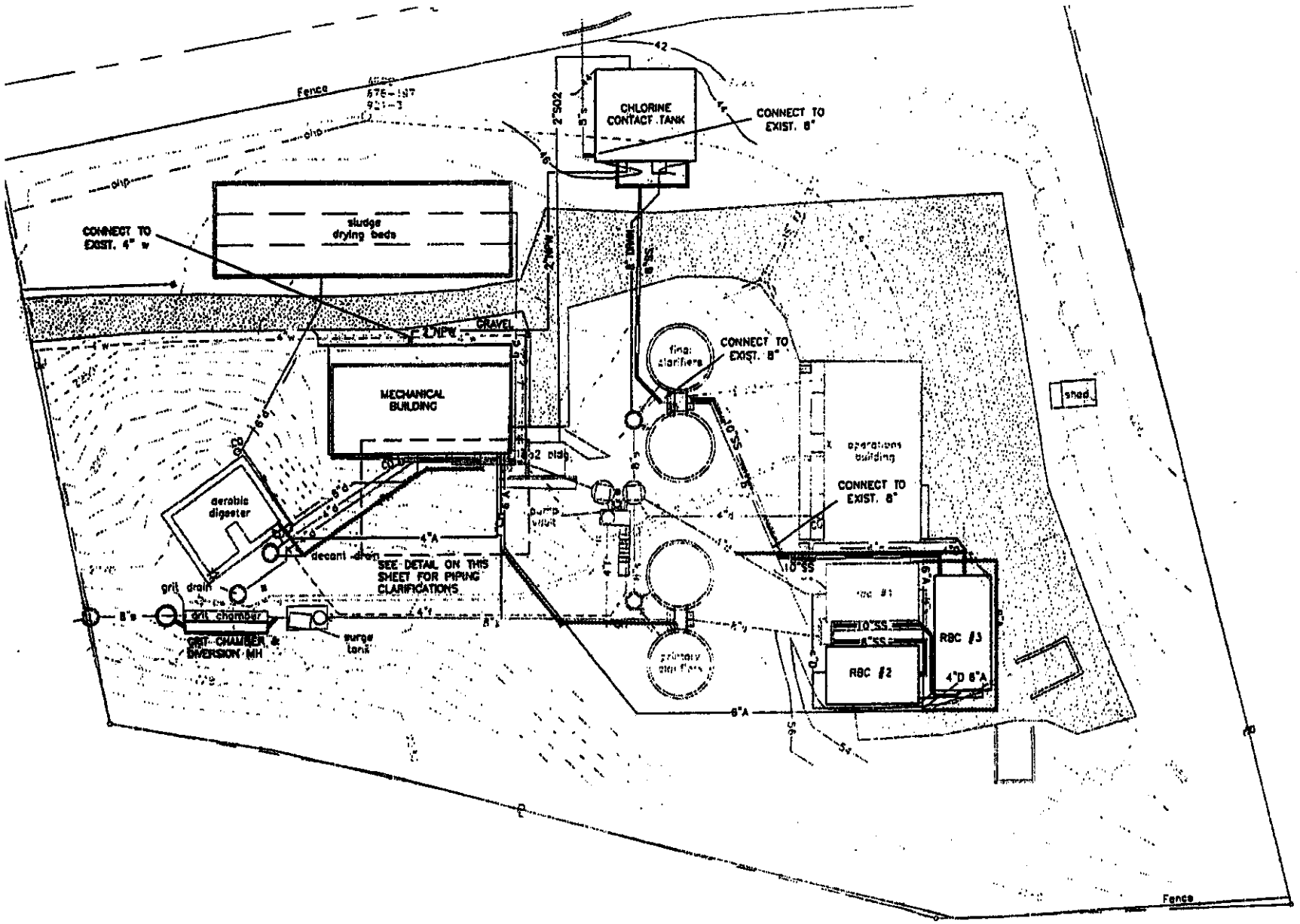
Final Report

PCA Order No.: 413319
Report Date: 5/16/2007
Client: Floyd County Public Service Authority
Project: Pollutants

Sample Number: 413319-01
Description: Drying Bed
Date Collected: 5/8/2007
Matrix: Sludge
Time Collected: 08:30
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
pH, Laboratory	6.06	NA	S.U.	5/8/2007	20:00	PJF	SW-846 9045C
Mercury, TCLP	< 0.002	0.002	mg/L	5/11/2007	09:47	ASB	SW-846 7470A
TCLP Metals							
Arsenic, TCLP	< 0.005	0.005	mg/L	5/10/2007	17:00	CDM	SW-846 6010B
Barium, TCLP	0.105	0.001	mg/L	5/10/2007	17:00	CDM	SW-846 6010B
Cadmium, TCLP	< 0.001	0.001	mg/L	5/10/2007	17:00	CDM	SW-846 6010B
Chromium, TCLP	< 0.005	0.005	mg/L	5/10/2007	17:00	CDM	SW-846 6010B
Lead, TCLP	< 0.005	0.005	mg/L	5/10/2007	17:00	CDM	SW-846 6010B
Selenium, TCLP	< 0.005	0.005	mg/L	5/10/2007	17:00	CDM	SW-846 6010B
Silver, TCLP	< 0.002	0.002	mg/L	5/10/2007	17:00	CDM	SW-846 6010B

8. Pollutants

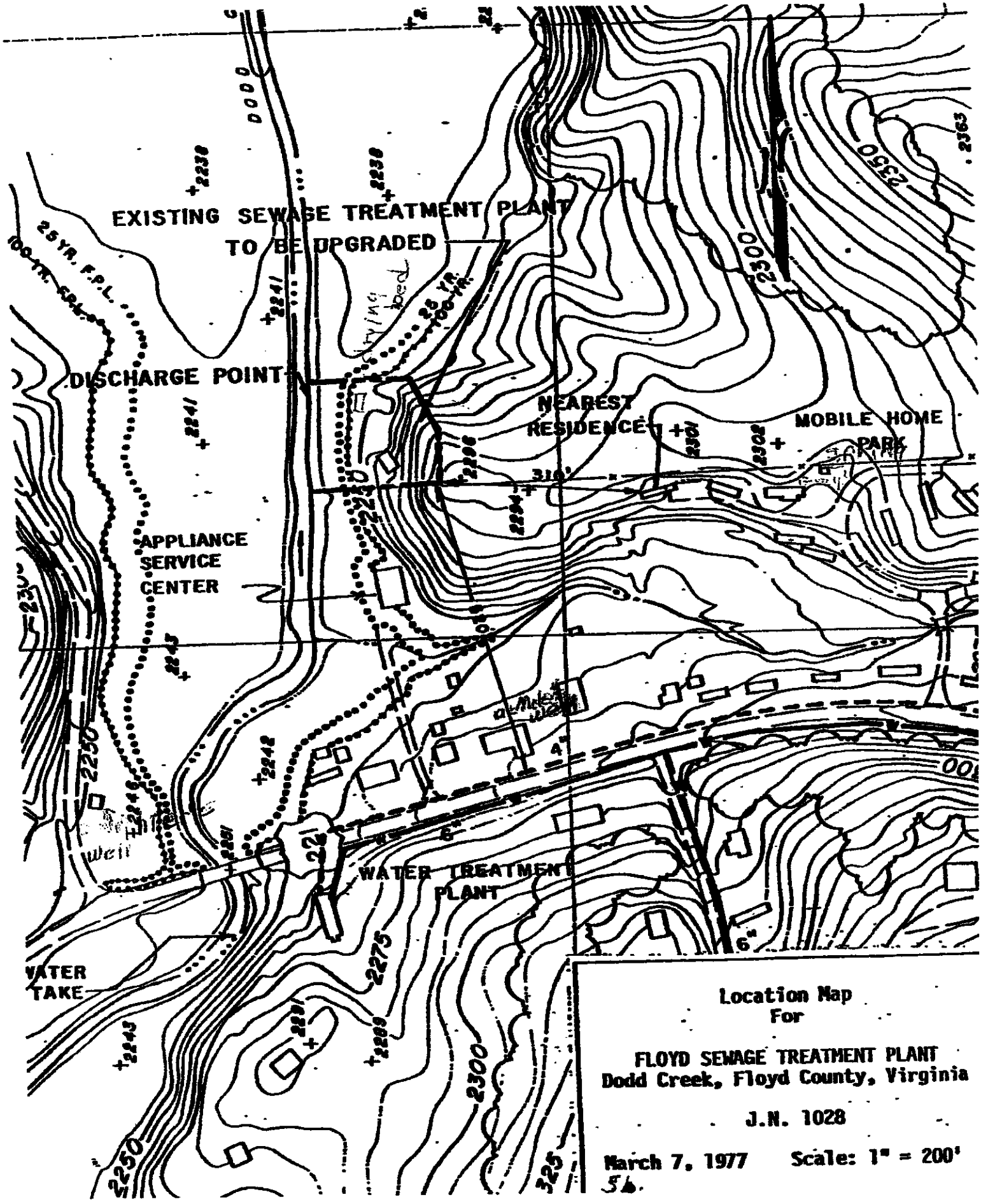


NOTE: 25-YEAR FLOOD ELEVATION = 2245.0'
100-YEAR FLOOD ELEVATION = 2246.0'

5. a

20 10 0 20 40 60

SCALE IN FEET


EXISTING SEWAGE TREATMENT PLANT
TO BE UPGRADED
25 YR. F.P.L.
100 YR.
DISCHARGE POINT
NEAREST
RESIDENCE
MOBILE HOME
PARK
APPLIANCE
SERVICE
CENTER
WATER TREATMENT
PLANT
WATER
TAKE
Location Map
For
FLOYD SEWAGE TREATMENT PLANT
Dodd Creek, Floyd County, Virginia
J.N. 1028
March 7, 1977
Scale: 1" = 200'
54

Sludge is drained from primary clarifiers #15 & 16 & secondary clarifier #17 & 18 to sludge pump #20.

Sludge is then pumped to digester and treated by aeration.

Approximately once monthly, water is drawn from digester valve #11 to Decant pump#22. It is then pumped to primary clarifiers after treatment in digester approximately 45 days.

Sludge is drawn monthly to Valve #26 and pressed on sludge press or may be drawn to drying bed #34 if needed. Pressed sludge is stored in designated storage building. Then sludge is hauled to Maplewood Recycling & Waste Disposal Facility located in Jeterville, VA

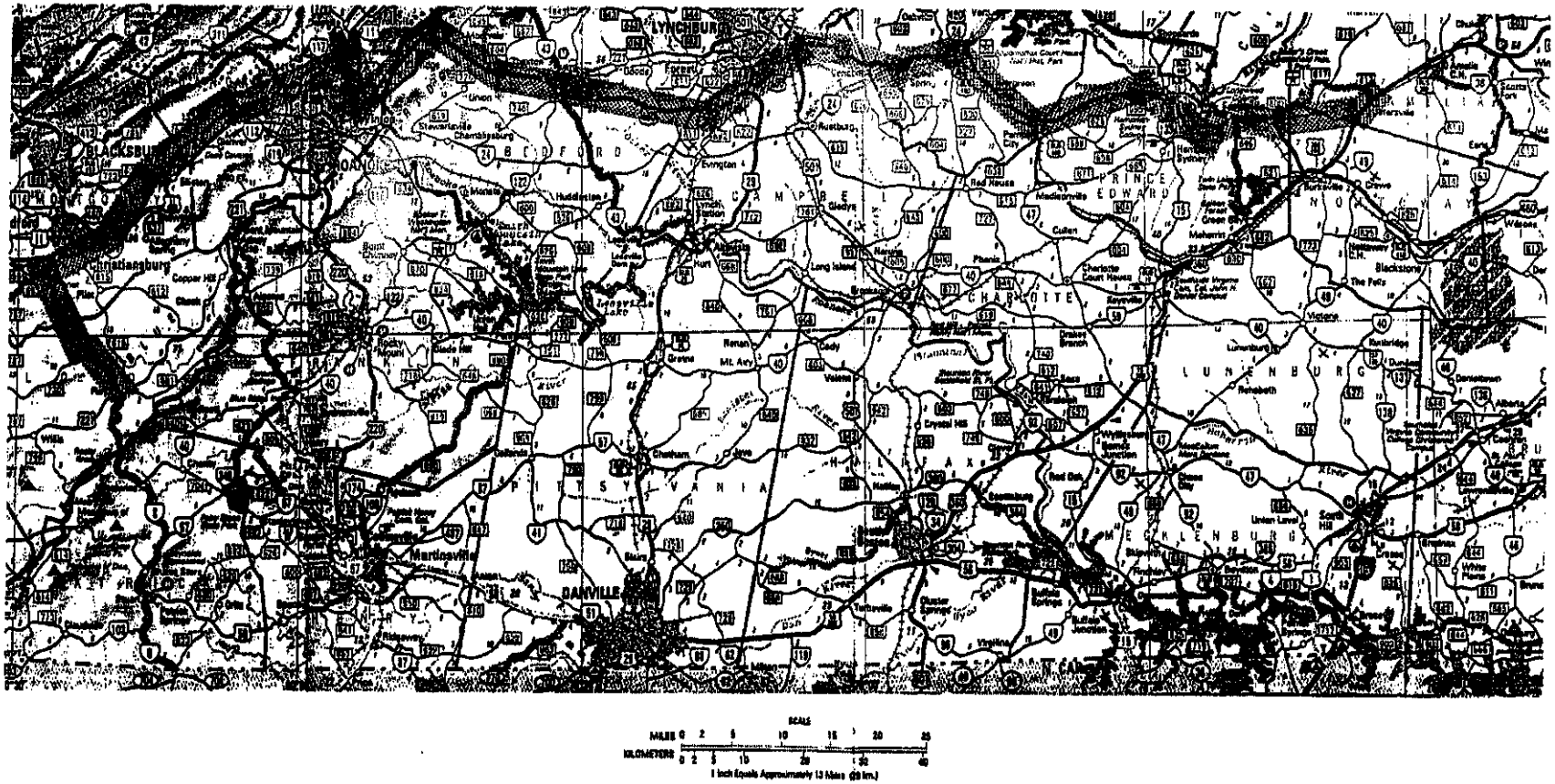


Figure 1. Proposed Hauling Route (To Maplewood Waste Disposal Facility)
Floyd-Floyd County PSA Sludge Disposal Plan

10.1

5. The Ag... shall com... that may b...

6. Waste ... Facil... ha...

MAPLEWOOD RECYCLING & WASTE DISPOSAL FACILITY

20221 Maplewood Road
Jetersville, VA 23083
(804)561-5787
(804)561-5798 FAX

LOCATION:	Located on Route 597 in Amelia County, VA, approximately 37 miles southwest of Richmond.
ACREAGE AND PERMITTED CAPACITY:	404 permitted acres, 804 total acres. Average Daily Volume - 2,200 tons per day. Maximum Daily Volume - 5,000 tons per day.
PERMIT:	Virginia Department of Waste Management Permit #540.
HOURS OF OPERATION:	Monday - Friday 7:00 a.m. - 5:00 p.m. Saturday 7:00 a.m. - 12:00 p.m.
ACCEPTABLE WASTES:	Municipal solid waste, construction and demolition, asbestos and pre-approved special wastes, such as: sludges, contaminated soils, ash and residuals.
UNACCEPTABLE WASTES:	Hazardous waste and waste containing free liquids.
CONTAINMENT DESIGN:	The double composite liner system exceeds present VDWM and Subtitle D regulations. Primary liner system is 60 mil HDPE geomembrane above a clay bentonite matting. A 60 mil HDPE secondary liner is underlain with compacted clay.
LEACHATE COLLECTION AND TREATMENT:	Leachate collection system; leachate is sent to a local POTW for treatment.
GROUNDWATER MONITORING:	12 groundwater monitoring wells surrounding the site.
SECURITY:	The site is contained by perimeter fencing and has a single access point at the front gate. Incoming vehicles must register at the guardhouse where waste is visibly screened. Special waste must be pre-approved and activities at the gate are videotaped 24 hours a day.
GAS MANAGEMENT:	Landfill gases are extracted and flared in accordance with EPA standards.
TRANSPORTATION:	Easy access to the site via Interstate 95 and Interstate 64. Site contains a rail siding with direct connection to Norfolk Southern rail line.

Generator's Nonhazardous Waste Profile Sheet

I. Regulatory Status (Please check appropriate responses)

1. Is this a USEPA (40 CFR Part 261)/State hazardous waste? If yes, contact your sales representative. ☐ Yes ☒ No
2. Is this waste included in one or more of categories below (Check all that apply)? If yes, attach supporting documentation. ☐ Yes ☒ No
   - ☐ Delisted Hazardous Waste
   - ☐ Excluded Wastes Under 40 CFR 261.4
   - ☐ Treated Hazardous Waste Debris
   - ☐ Treated Characteristic Hazardous Waste
3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? If yes, see instructions. ☐ Yes ☒ No
4. Does the waste represented by this waste profile sheet contain radioactive material? ☐ Yes ☒ No
   a. If yes, is disposal regulated by the Nuclear Regulatory Commission? ☐ Yes ☐ No
   b. If yes, is disposal regulated by a State Agency for radioactive waste/RCRA? ☐ Yes ☐ No
5. Does the waste represented by this waste profile sheet contain concentrations of regulated Polychlorinated Biphenyls (PCBs)? ☐ Yes ☒ No
   a. If yes, is disposal regulated under TSCA? ☐ Yes ☐ No
6. Does the waste contain untreated, regulated, medical or infectious waste? ☐ Yes ☒ No
7. Does the waste contain asbestos? ☐ Yes ☒ No If Yes, ☐ Friable ☐ Non Friable
8. Is this profile for remediation waste from a facility that is a major source of Hazardous Air Pollutants (Site Remediation NESHAP, 40 CFR 63 subpart GGGGG)? ☐ Yes ☒ No
   If yes, does the waste contain <500 ppmw VOHAPs at the point of determination? ☐ Yes ☐ No

II. Generator Certification (Please read and certify by signature below)

By signing this Generator's Waste Profile Sheet, I hereby certify that all:

1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the Contractor if applicable).
5. Check all that apply:
   - ☒ Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested: _____ # Pages: 1
   - ☐ Only the analyses identified on the attachment pertain to the waste (Identify by laboratory & sample ID #'s and parameters tested). Attachment #: _____
   - ☐ Additional information necessary to characterize the profiled waste has been attached (other than analytical). Indicate the number of attached pages: _____
   - ☐ I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.
   - ☐ By Generator process knowledge, the following waste is not a listed waste and is below all TCLP regulatory limits.

Certification Signature: Elwood Holden Title: Superintendent

Company Name: Floyd-Floyd Co. P.S.A. Name (Print): Elwood Holden

Date: May 17, 2007

FOR WM USE ONLY

Management Method: ☐ Landfill ☐ Bioremediation ☐ Non-hazardous solidification ☐ Other: _____

Approval Decision: ☐ Approved ☐ Not Approved

Waste Approval Expiration Date: _____

Management Facility Precautions, Special Handling Procedures or Limitation on approval: _____

☐ Shall not contain free liquid

☐ Shipment must be scheduled into disposal facility

☐ Approval Number must accompany each shipment

☐ Waste Manifest must accompany load

WM Authorization Name / Title: _____ Date: _____

State Authorization (If Required): _____ Date: _____

Generator's Nonhazardous Waste Profile Sheet

Requested Disposal Facility: Amelia Landfill — Profile Number:

☒ Renewal for Profile Number: _____ Waste Approval Expiration Date: 6/13/07

A. Waste Generator Facility Information (must indicate location of waste generation/origin)

1. Generator Name: Floyd-Floyd County P.S.A.
2. Site Address: 169 PSA Road
3. City/ZIP: Floyd 24091
4. State: VA
5. County: Floyd
6. Contact Name/Title: Elwood Holden/Superintendent
7. Email Address: floydpsa@swva.net
8. Phone: (540)745-2169 9. FAX: (540) 745-5690
10. NAICS Code: _____
11. Generator USEPA ID #: _____
12. State ID# (If applicable): _____

B. Customer Information ☐ same as above — P.O. Number: _____

1. Customer Name: Floyd-Floyd Co P.S.A.
2. Billing Address: P.O. Box 407
3. City, State and ZIP: Floyd, VA 24091
4. Contact Name: Elwood Holden
5. Contact Email: floydpsa@swva.net
6. Phone: (540)745-4444 FAX: (540) 745-5690
7. Transporter Name: Goff Trucking
8. Transporter ID # (If appl.): _____
9. Transporter Address: P.O. Box 30
10. City, State and ZIP: Shawsville, VA 24162

C. Waste Stream Information

1. DESCRIPTION

a. Common Waste Name: Dewatered-digested sludge State Waste Code(s): _____

b. Describe Process Generating Waste or Source of Contamination:

Belt pressed

c. Typical Color(s): Gray

d. Strong Odor? ☐ Yes ☒ No Describe: _____

e. Physical State at 70°F: ☐ Solid ☐ Liquid ☐ Powder ☒ Semi-Solid or Sludge ☐ Other: _____

f. Layers? ☐ Single layer ☐ Multi-layer ☒ NA

g. Water Reactive? ☐ Yes ☒ No If Yes, Describe: _____

h. Free Liquid Range (%): _____ to _____ ☒ NA(solid)

i. pH Range: ☐ ≤2 ☒ 2.1-12.4 ☐ ≥12.5 ☐ NA(solid) ☐ Actual: 6.0

j. Liquid Flash Point: ☐ <140°F ☐ ≥ 140°F ☒ NA(solid) ☐ Actual: _____

k. Flammable Solid: ☐ Yes ☒ No

l. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): ☐ (See Attached)

Constituents (Total Composition Must be ≥ 100%)	Concentration %	Constituents (Total Composition Must be ≥ 100%)	Concentration %
1.		4.	
2.		5.	
3.		6.	

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. ☐ Event ☒ Base/Ongoing (Check One)

b. Estimated Annual Quantity: 80 ☒ Tons ☐ Cubic Yards ☐ Drums ☐ Gallons ☐ Other (specify): _____

c. Shipping Frequency: 1 Units per ☐ Month ☒ Quarter ☐ Year ☐ One Time ☐ Other

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) ☐ Yes ☒ No

e. USDOT Shipping Description (If applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.): _____